

Hospital Cash Benefit Schedule

The following is part of and attaches to your Hollard Policy Wording.

BENEFITS

IMPORTANT: This is not a medical aid/scheme and the benefits are not the same as that of a medical scheme.

The benefits applicable to each Insured Person are subject to waiting periods as stated in this schedule.

DAILY HOSPITAL BENEFIT

- The Daily Hospital Benefit provides a payment, the Daily Hospital Benefit amount (sum insured) specified in the Policy Schedule, for each full day from the third consecutive day an Insured Person was Hospitalised, during the Period of Insurance. Hollard will not pay any benefit for the first and second full day spent in Hospital as a Resident In-Patient.
- The Policy Schedule will specify for which Insured Persons the Daily Hospital Benefit is applicable, and the premium and the sum insured applicable to each of these Insured Persons.
- The period of Hospitalisation shall be calculated in accordance with the number of consecutive full days from the third consecutive day spent in a Hospital as a Resident In-Patient. A full day is deemed to have been spent in the Hospital if an Insured Person was a Resident In-Patient for a period of 24 (twenty-four) consecutive hours.
- The benefit payment shall be payable at the end of the period of Hospitalisation or when 30 (thirty) days' benefit is due, whichever is earlier.
- The Daily Hospital Benefit does not acquire any surrender value or paid-up value.

LIMITATION OF BENEFITS

- An Insured Person may not be covered in terms of one or more policies underwritten by Hollard where the total monetary benefit for the Daily Hospital Benefit in respect of each Insured Person exceeds the lower of:
 - R5,000 (five thousand rand) per day of Hospitalisation, and
 - 10% (ten percent) of the Main Insured Person's gross monthly income.
- The total monetary benefit for the Daily Hospital Benefit amounts mentioned above apply at the Benefit Inception Date and will take into consideration any existing cover (including any past benefit increases) with Hollard.
- If the Main Insured Person's gross monthly income, at the time of the purchase of this policy, was overstated then Hollard will adjust the benefit amounts to reflect the Main Insured Person's actual gross monthly income at the time of purchase.
- The Daily Hospital Benefit amount applicable at the onset of Hospitalisation will apply to any claim where the Daily Hospital Benefit amount changes during the period of Hospitalisation.
- Where an Insured Person is re-Hospitalised within 10 days for/from the same cause then the re-Hospitalisation will be considered to be a continuation of the previous claim/event.
- An Insured Person is only covered for Hospitalisation due to pregnancy for a maximum of 10 (ten) days per pregnancy.
- An Insured Person is only covered for 1 (one) Hospitalisation due to pregnancy in any 12 (twelve) month period.
- An Insured Person is covered for a maximum of 180 (one hundred and eighty) days Hospitalisation in total during the Period of Insurance.
- Hollard may increase these limits from time to time.
- In the event that a claim or claims are submitted for more than the maximum total benefit allowed as stated above, the amount payable by Hollard will be limited to the maximum total benefit allowed. Hollard may refund a proportion of the premiums paid for cover above the maximum total benefit.
- All benefit payments are subject to the verification of the validity of any claim.

SPECIFIC RESTRICTIONS, EXCLUSIONS, PROVISIONS AND CONDITIONS

BENEFIT RENEWAL

- Every year the Daily Hospital Benefit is renewable on the first of the policy's anniversary month specified in the Policy Schedule. On the first of the anniversary month during each year, the Daily Hospital Benefit will automatically be renewed for a further year unless Hollard notifies you that the Daily Hospital Benefit is no longer renewable or you notify Hollard that you do not want to renew the Daily Hospital Benefit.
- Hollard, at their sole discretion, will determine when the Daily Hospital Benefits are no longer renewable.
- On each renewal Hollard reserves the right to amend the Daily Hospital Benefit. If Hollard amends the Daily Hospital Benefit, Hollard will notify you of the changes to the Daily Hospital Benefit and provide you with an endorsement or a revised Policy Wording.
- Hollard will notify you at least 30 days prior to the applicable anniversary month if the Daily Hospital Benefit is not renewable or of any changes if the Daily Hospital Benefit will be renewed on amended terms and conditions.
- If you do not want to renew the Daily Hospital Benefit because of the revised terms and conditions then you need to notify Hollard by the last day of the applicable Anniversary Month. If you have paid any Daily Hospital Benefit premiums for a period beyond the first of the Anniversary Month, Hollard shall refund the relevant premiums. Hollard will not pay for any claims occurring after the Anniversary Month.

RESTRICTIONS ON THE NUMBER OF INSURED PERSONS

- For the Daily Hospital Benefit:
 - Only the Main Insured Person is covered.
 - A maximum of 1 (one) Partner may be covered at an additional monthly premium.
 - Up to 5 (five) Children may be covered at an additional monthly premium.

ELIGIBILITY

- The Main Insured Person's gross income must be at least R2,500 (two thousand five hundred Rands) per month. Hollard may amend this requirement from time to time.
- For the Daily Hospital Benefit:
 - The Main Insured Person and/or Partner are eligible to be covered under the benefits in this Benefit Schedule provided they are over the age of 18 (eighteen) and below the age of 60 (sixty) on the Benefit Inception Date.
 - Children who are over the age of 6 (six) months and below the age of 21 (twenty-one) on the Benefit Inception Date are eligible to be covered for the Daily Hospital Benefit. A Child will only be covered following normal discharge from the place of birth and provided the Child has spent at least 48 (forty-eight) hours at home without ventilator assistance and is over the age of 6 (six) months.

TERMINATION OF BENEFITS

- The Daily Hospital Benefit will cease on the earlier of:
 - where the Insured Person was over the age of 18 (eighteen), and not a Child, when the Insured Person's cover commenced:
 - The benefit expiry date specified in your latest Policy Schedule, or
 - The death of the Main Insured Person, or
 - The total number of days that an Insured Person or Main Insured Person is Hospitalised exceeds 180 (one hundred and eighty) days, or
 - The non-payment of any premium within 30 (thirty) days of the premium due date, or
 - The policy ceasing.
 - where the Insured Person was an unmarried Child under the age of 21 (twenty-one) when the Insured Person's cover commenced:
 - The benefit expiry date specified in your latest Policy Schedule, or
 - The Insured Person's 21st (twenty-first) birthday, or
 - The Insured Person's 25th (twenty-fifth) birthday if the Insured Person is an unmarried full-time student (provided that satisfactory proof is submitted to Hollard in respect of the above), or
 - The Insured Person getting married, or
 - The death of the Main Insured Person, or
 - The total number of days that an Insured Person or Main Insured Person is Hospitalised exceeds 180 (one hundred and eighty) days, or
 - The non-payment of any premium within 30 (thirty) days of the premium due date, or
 - The policy ceasing.

COMPULSORY ANNUAL INCREASES

- The premiums increase every year by the Annual Premium Increase percentage specified in your Policy Schedule.
- The benefit amounts increase every year by the Annual Benefit Increase percentage specified in your Policy Schedule.
- These premium and benefit increases are compulsory and non-cancellable.
- There will be no premium and benefit increases after the Insured Person's 75th birthday. Where the Insured Person is the Main Insured Person, the Partner or a Child, then premium and benefit increases will cease on the earlier of the Main Insured Person's 75th birthday or the Partner's 75th birthday.

WAITING PERIOD – HOSPITALISATION DUE TO NATURAL CAUSES

- A Waiting Period of 12 (twelve) consecutive months and 12 (twelve) consecutive premium payments will apply in the event of an Insured Person being Hospitalised due to natural causes.

WAITING PERIOD – HOSPITALISATION DUE TO PREGNANCY

- A Waiting Period of 12 (twelve) consecutive months and 12 (twelve) consecutive premium payments will apply in the event of an Insured Person giving birth to a child in Hospital.
- Should cover in respect of an Insured Person be terminated and subsequently reinstated, and unless waived in writing by Hollard, the Waiting Period – Hospitalisation due to Pregnancy will re-apply from the date that cover is reinstated.

WAITING PERIOD – HOSPITALISATION DUE TO PRE-EXISTING CONDITIONS

- A Waiting Period of 24 (twenty-four) consecutive months and 24 (twenty-four) consecutive premium payments will apply on any Hospitalisation Claim where the Insured Person is suffering or suffered from any condition (i.e. any medical condition, physical defect, illness, bodily injury or disability) that existed prior to the Benefit Inception Date or the date that cover was restarted where the Hospitalisation was caused directly or indirectly by or resulted from or contributed to by or traceable to such pre-existing condition.

EXCLUSIONS

- Hollard will not be liable to pay a Daily Hospital Benefit if any claim arises directly or indirectly from:
 - wilful exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, suicide or attempt thereat;
 - an Insured Person engaging in:
 - combat duties, military exercises or any active service within any military, naval, air, police or correctional services body; or
 - the active duties of the provision of security or protection services to/for any organisation/individual; or
 - a Terrorists Activity; or
 - labour disturbances, riot, strike or lock-out; or
 - Hazardous or Professional Sports / Activities more than once a month or on an income earning basis;
 - the use of nuclear, biological, chemical or explosive weapons or any radioactive contamination;
 - an Insured Person driving any type of vehicle when the Insured Person had an alcohol content which exceeded the legal limit allowed for driving by the laws of the country where the Accident occurred, irrespective of the manner in which such measurement was taken;
 - the use of drugs with a narcotic effect by an Insured Person, unless it is proved that the drug was used in accordance with proper medical prescription and not for the treatment of a drug addiction;
 - an Insured Person refusing medical treatment recommended by a Physician or Medical Practitioner;
 - the unreasonable or wilful neglect or failure of an Insured Person to seek and remain under the care of a Medical Practitioner.
- In addition to the above exclusions, Hollard will not be liable to pay a Daily Hospital Benefit if any claim arises directly or indirectly from:
 - Hospitalisation due to obesity, cosmetic or plastic surgery (including breast reduction and enlargement) except in the case of bodily reconstruction as a direct result of an injury sustained in an Accident;
 - Hospitalisation due to any form of mental illness, mental disability, mental impairment and psychopathic disorders, all forms of depression, major affective disorders, psychotic and neurotic conditions, as well as all stress and anxiety related disorders;
 - Hospitalisation in a Hospital outside the borders of the Republic of South Africa unless Hospitalisation is due to a Medical Emergency;
 - Hospitalisation of the Insured Person's own choosing;
 - Hospitalisation for routine physical or other examination or observation in the absence of objective indications of impairment in normal health;
 - Hospitalisation for the investigation, management and treatment of pain or any pain related syndrome for which no organic cause has been established;
 - Hospitalisation due to pregnancy or due to complications related to pregnancy where childbirth occurs earlier than 60 (sixty) days before the expected due date;
 - Hospitalisation for the treatment of infertility or the artificial insemination of a person as defined in the Human Tissues Act, 1983 (Act 65 of 1983) or any amendment thereto or replacement thereof;
 - Hospitalisation not recommended by a Physician.
 - Hospitalisation before the Benefit Inception Date, or Hospitalisation as a result of an Accident that occurred before the Benefit Inception Date.

DEFINITIONS

Unless the contrary appears from the context, the following words and phrases shall have the meanings assigned to them where they appear in this policy:

HOLLARD

Hollard means Hollard Life Assurance Company Limited.

HOSPITALISATION / HOSPITALISED

Hospitalisation / Hospitalised means confinement within a Hospital as a Resident In-Patient for a period of at least 24 (twenty-four) hours on the advice of and under the professional care and attendance of a qualified Physician.

HOSPITAL

Hospital means an establishment which meets the following requirements:

- holds a license as a hospital or clinic (as required by the laws of the country in which the Hospital is located),
- operates primarily for the care and treatment of sick, ailing or injured persons as inpatients,
- provides a 24-hour-a-day nursing service by registered nurses,
- has a staff of one or more Physicians available at all times,
- maintains a daily medical record for each of its patients,
- provides organised facilities for diagnosis and major surgery of medical conditions.

Hospital does not mean an establishment which is primarily a nursing, rest or convalescent home, a hospice or a similar establishment and is not, other than incidentally, a place or facility for the aged, alcoholics, drug addicts or for psychiatric or mental disorders; even if the establishment is registered as a hospital or clinic.

MEDICAL EMERGENCY

Medical Emergency means an accidental injury or a condition that occurs suddenly and unexpectedly and that poses an immediate threat to a person's life or long-term health and that requires immediate medical intervention.

PHYSICIAN or MEDICAL PRACTITIONER

Physician or Medical Practitioner means a person legally licensed and duly qualified to practise medicine and surgery (other than the Policyholder, an Insured Person or a member of their family).

RESIDENT IN-PATIENT

Resident In-Patient means confinement as a resident bed patient which is objectively necessary for the medical care and/or diagnosis and/or treatment of Bodily Injury or Illness covered by this Policy and which medical care and/or diagnosis and/or treatment could not reasonably have been obtained as an out-patient.